Monthly Tuition Rate into infant childcare

 Full Time 4-5 days $1100.00/mo.

 3 days $770.00/mo.

 2 days $639.00/mo.

Monthly Tuition Rate into 2-year-old program

 Full Time 4-5 days $927.00/mo.

 3 days $760.00/mo.

 2 days $597.00/mo.

Monthly Tuition Rate into 3 or 4-year-old program

 Full Time 4-5 days $896.00/mo.

 3 days $676.00/mo.

 2 days $519.00/mo.

 Pre School 3 – Mornings only (2) $262.00/mo.

 Kinder College – Mornings only (3) $377.00/mo.

Monthly Tuition Rate into the school program

Kindergarten – Sixth Grade (Aug-May) $775.00

June & July Daily Rate $45/day

*Grandfathered Sibling Discount for families enrolled 2023-24 or prior\**

2nd Child 50% Discount; 3rd, 4th … Child 25% Discount

*New Family Sibling Discount\**

 2nd, 3rd… Child 25% Discount

\*Discount applies to lowest tuition rate \*\*Tuition and child placement switches in June each year.

~Kindergarten through elementary ages $6 per hour for afterschool care (Coyote Club)

*Discounts do not apply to afterschool care*

~Late pickup fee $1 per minute until 6:10pm and $5 per minute if picked up after 6:10pm

One time Registration Fee $150 per child *(discount does not apply)*

**Volunteer Hours-** a MINIMUM of twenty (20) service hours per family per academic year.

Infants – 4-year-olds pay the same rate June – May. School-aged tuition is charged equally for 10 months (August through May). There are no deductions for absences, including holidays. If that becomes an issue for a health or other reason, that can be addressed to the school board individually through a written letter.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS.

***Supply LIST***

***Learning Center Supply List:***

*Infants through Kinder-college*

* Blanket
* Stuffed animal or something special your child may like to sleep with
* Change of clothing for the season
* Coat, hat, gloves, boots, snow pants, etc. throughout the winter season
* Sunscreen
* Box of Kleenex
* Nutritious lunch in lunch box (and morning snack for elementary-aged students)
* Current Immunization records
* Birth certificate

 **\*\* PLEASE LABEL ALL ITEMS**

***School-aged Supply List:***

*Kindergarten through 6th grade*

* Everything above (no blanket or stuffed animal for kindergarten and above)
* Sterilite Pencil box 1.2 quart only
* Crayola watercolor paint set
* Crayons (24 count or less)
* Colored pencils (12 count)
* Markers (10 count)
* Pencils (24 count or more)
* Glue bottle
* Glue sticks (many)
* Pink erasers (2 count)
* Pencil top erasers (small package)
* Ruler
* Personal pencil sharpener contained
* 2 pocket plastic folder with prongs
* Backpack
* Extra uniform in Ziplock bag (things happen 😊)
* Package of index cards
* 1 Composite notebook- 1st grade and above
* Reusable plastic water bottle

**Extra supplies – infants through 6th grade**

Please bring the items based on your children’s first name:

(A-F) Gallon & snack bags

(G-M) paper towel rolls

(N-Z) wet wipes- (flushable or baby wipes)

*Please return the following pages* ***by March 14, 2024***

**IMPORTANT:** This form must be completed and returned as part of the registration process.

We are looking forward to an exciting 2024-25 school year and having your child(ren) be part of the Concordia Lutheran Elementary and Learning Center Family.

|  |  |  |
| --- | --- | --- |
| **CHILD’S NAME** | **GRADE (infants – 6th grade)** | **Monthly Tuition Rate** |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |

I/We agree to pay Concordia Lutheran Elementary and Learning Center the tuition and all fees for the attendance of my/our child(ren) as established by the school for the 2024-25 school year. I/We elect to pay the tuition and costs as follows:

**Please mark payment method desired with an X:**

\_\_\_\_\_\_\_ Option 1: One payment each month due on or before the 10th of the month.

\_\_\_\_\_\_\_ Option 2: Payment plan pre-arranged with the School Board and paid on time.

I/We further agree that all payments will be paid when due. Should I/we be late in payment, I/we understand that the following process will be followed:

a) The parents/guardians will be notified in writing that payment has not been received.

b) The parents/guardians will be given two months to bring the account to current status or meet with the School Board to have an adjusted payment contract approved (not a guarantee).

c) If the account is not brought to current status and an adjusted payment contract is not agreed upon and approved by the School Board, enrollment of student(s) will cease.

My child, (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will not be returning to CLC because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE FORM**

If you will **allow** a staff member to sign your child in/out of Procare, if you forget at check-in or check-out please sign here: Granting Permission here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photographs and videos are taken on a daily occasion and especially for birthdays, holidays, and classroom activities. We use these photos/videos for social media, teaching, crafts, brochures, website, etc.

**PLEASE MAKE APPROTPRIATE BOX:**
\_\_\_\_\_ I **give** permission to the above names provider to take photographs/videos or have photographs taken of the above-named child should the occasion arise.

\_\_\_\_\_ I **do not** give permission to the above names provider to take photographs/videos or have photographs taken of the above-named child should the occasion arise.

Please fill out the information above with any information you are okay with us putting in the new CLC directory and leave blank anything you want us to leave out:         Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE BELOW INFORMATION THAT CAN BE ADDED TO THE SCHOOL/CHURCH DIRECTORY:**

|  |  |
| --- | --- |
| Child’s Name: Child’s Name:   | Age/Grade: (circle one)  \_\_\_\_   Birthdate: \_\_\_\_\_\_\_\_ Age/Grade: (circle one)  \_\_\_\_   Birthdate: \_\_\_\_\_\_\_\_  |

|  |  |
| --- | --- |
| Parent Names and Relation:      | Email address (es) :      |
| Address:      | Phone Number (s):     |
| 1. Do you own or work for a business that might be willing to make a product or service donation to help us raise money for school? \_\_\_\_\_\_\_\_   | 2. Can we add your business to our CLC community directory so we can support one another?  Business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service/product provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

Are you interested in: (write yes or no) Being on PTL \_\_\_, helping w/ Teacher Appreciation Week \_\_\_, helping in the classroom \_\_\_, helping with Cinco de Mayo \_\_\_,

with other events \_\_\_, other ideas?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Getting To Know You**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have \_\_\_\_\_\_ brothers \_\_\_\_\_\_ sisters. Their names are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite activity is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite food is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My least favorite food is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite person is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite toy is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am afraid of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your child’s personality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your child’s eating habits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any foods your child may not eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special blankets/stuffed animals your child sleeps with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the usual time and length of naps taken each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been in child care before? \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no

If yes, please give the last provider or center’s information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates attended: From \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Why was care terminated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special instructions in case of an allergic reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of discipline is used at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you reward your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your expectations of this program and of CLC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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